

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90082 027 ***150.00

DOCUMENT # P98000033249

1. Entity Name Value Dining Management, Inc. ✓

DO NOT WRITE IN THIS SPACE

80093324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7333 Coral Way

3. Mailing Address
7333 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 650844663

Applied For
☐ Not Applicable

Zip 33155 **Country** U.S.A.

Zip 33155 **Country** U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name World Dining, Corp.

Street Address (P.O. Box Number is Not Acceptable)
7333 Coral Way

City Miami

FL

Zip Code 33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2002
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D
NAME Singerman, Ron **x Delete**
STREET ADDRESS 349 Greco Avenue
CITY-ST-ZIP Coral Gables FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Singerman, Gilbert **x Delete**
STREET ADDRESS 1920 Belvoir
CITY-ST-ZIP S. Euclid, OH, 44121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCEO
NAME Anthony L. Davide **x Addition**
STREET ADDRESS 7333 Coral Way
CITY-ST-ZIP Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 **305-461-0000**
Date Daytime Phone #

CR2E034B (12/01)